

Solicitation of Public Comment on Illinois Recommendation of an Essential Health Benefits Benchmark Plan

The Health Care Reform Implementation Council (HCRIC) seeks comments on the benefits and services that will be included in the Illinois Essential Health Benefits benchmark plan. The Affordable Care Act defined ten Essential Health Benefits (EHB) that must be included in all Qualified Health Plans sold inside and outside the Health Benefits Exchange starting in 2014. The ten categories of benefits are:

(1) ambulatory patient services, (2) emergency services (3) hospitalization, (4) maternity and newborn care, (5) mental health and substance use disorder services, including behavioral health treatment, (6) prescription drugs, (7) rehabilitative and habilitative services and devices, (8) laboratory services, (9) preventive and wellness services and chronic disease management, and (10) pediatric services, including oral and vision care.

The purpose of recommending a benchmark plan is to ensure that individuals who purchase health insurance will have a plan that covers the essential health benefits and services outlined by the ACA.

The United States Department of Health and Human Services (HHS) set specific guidelines to establish EHB. HHS requires that states look at the insurance plans already sold in their markets and identify a 'benchmark' plan that is representative of a 'typical employer plan'. A benchmark plan must be either the largest plan by enrollment in any of the three largest small group insurance plans in the State's small group market, any of the largest three State employee health benefit plans by enrollment, any of the largest three national Federal Employee Health Benefit Plan options by enrollment, or the largest insured commercial non-Medicaid Health Maintenance Organization operating in the state. If all ten Essential Health Benefits categories are not included in the benchmark plan, the state will need to supplement the benchmark plan to ensure that all categories are represented. This also helps ensure that state insurance mandates are included, since any benchmark plan must already be available in a state.

The HCRIC will be accepting written comments from September 12, 2012 to September 19, 2012 at 5 pm. If you have questions about submitting comments, please contact Jennifer McGowan at gov.healthcarereform@illinois.gov , or 312-814-2121. Written comments that are submitted will be posted on the healthcarereform.illinois.gov website after the comment period closes.

The purpose of this public comment period is to allow interested stakeholders and consumers across the state the opportunity to comment on the state's recommendation of the benchmark plan it will submit to HHS. The Secretary of HHS will make the final decision on each state's benchmark plan pursuant to the Affordable Care Act. Stakeholders responding to this comment period should review the attached Essential Health Benefits Frequently Asked Questions (FAQ) document, the plan comparison chart, and the HHS Essential Health Benefits FAQ.